

Agenda Item No: 6.3

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	13 June 2018	
REPORT TITLE:	CARE NAVIGATION – PHASE TWO SERVICES	
SUMMARY OF REPORT:	<p>Care Navigation can play a vital role in the signposting of patients to the right services at the right time. East Lancashire CCG started to launch Care Navigation during 2017, with all GP Practices now having been given the opportunity to implement following the last locality to receive training in March 2018</p> <p>In total 375 GP Practice staff attended the face to face training events (one being held in each locality) and 368 on line training licences have been issued. Data received from practices has been encouraging with some practices deferring full implementation until after their financial year end activities.</p> <p>To date there are 46 practices out of 54 actively using Care Navigation and there appears to be 19 achieving good levels of signposting to the four services (five in Rossendale) that were included in the first phase of available services. The CCG is now ready to make available to practices a further twelve services (thirteen in Rossendale).</p> <p>The additional services were identified by a small focus group consisting of GPs, Practice Managers and Patient representatives. All of these additional services have been discussed with the referral / signposting criteria agreed with respective service providers.</p> <p>A process of care navigation combined with a reliable directory of service will allow frontline staff the ability to provide patients with more information about local health and wellbeing services, within and outside of primary care in a safe, effective way. Care navigation offers the patient 'choice not triage' to access the most appropriate service first which as we know isn't always the GP.</p>	
REPORT RECOMMENDATIONS:	This paper seeks recognition of the roll out of Care Navigation in East Lancashire and agreement of the proposed extended range of services to which a GP Practice can signpost a patient to under Care Navigation.	
FINANCIAL IMPLICATIONS:	None	
REPORT CATEGORY:		Tick
	Formally Receipt	√
	Action the recommendations outlined in the report.	√
	Debate the content of the report	√
	Receive the report for information	
AUTHOR:	Andy Laverty	
	Report supported & approved by your Senior Lead	Yes
PRESENTED BY:	Lisa Cunliffe	
OTHER COMMITTEES/ GROUPS CONSULTED:	None	
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	N
	If yes, please attach	If no, please provide reason below Not appropriate at present
RISKS:	Have any risks been identified / assessed? Risk Register entry to be prepared	N

CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	Y
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√

PRIMARY CARE COMMITTEE

13 June 2017

CARE NAVIGATION – PHASE TWO SERVICES

1. Introduction

- 1.1 Care Navigation has been described as assistance offered to patients and carers navigating through the complex health and social care systems to overcome barriers in accessing quality care. A number of organisations have put in place care navigation systems and in fact there have been so many, that in some areas this has actually added to the complexity of accessing health and social care, rather than making things simpler.
- 1.2 As part of the introduction of extended primary care access models, the CCG has recognised that good care navigation can provide a complimentary mechanism of ensuring that patients are directed to the right service at the right time. Furthermore assisting patients to manage their own health through harnessing both innovation and technology is referenced in the “Next Steps on NHS Five Year Forward View”.
- 1.3 As part of the roll out of Care Navigation in East Lancashire a total of 375 GP Practice staff attended the face to face training events and furthermore 368 on line training licences have been issued. Data received from some practices has been encouraging whilst some have deferred full implementation until after their year end activities.
- 1.4 There are 46 practices out of 54 actively using Care Navigation, of which 19 are achieving good levels of signposting to the four services (five in Rossendale) that were included in the first phase of available services. The CCG is now ready to make available to practices a further twelve services (thirteen in Rossendale). In addition there appears to be more queries coming from practices about the service availability that is an indication that Care Navigation conversations with patients are taking place.
- 1.5 A process of Care Navigation combined with a reliable directory of service will allow frontline staff the ability to provide patients with more information about local health and wellbeing services, within and outside of primary care in a safe, effective way. Care Navigation offers the patient ‘choice not triage’ to access the most appropriate service first which as we know isn’t always the GP.

2. Purpose / Background

- 2.1 It is commonly believed that people live healthier, happier lives when they have the right health and wellbeing support around them and this approach is supported by the Five Year forward view.
- 2.2 The primary care extended access models will go a long way to ensuring that when people need to see a GP that they will have one quickly and in a way that suits them, be that in person or over the phone. However sometimes the GP isn’t really the best person to see a patient and in fact on occasions the GP Practice might not be the right

place at all for the query. Care Navigators are receptionists and admin staff, but through specialist training they can also possess additional skills and provide a crucial practice role in improving access to primary care.

2.3 Having introduced Care Navigation through the availability of a short list of phase one services, opinions were sought in terms of a second phase of services. A small focus group was established (comprising of GPs, Practice Managers and Patient Representatives) seeking opinions as to which services would fit the model of Care Navigation as a second phase of services. For each service suggested the service criteria was agreed with respective service provider. It was then up to the focus group to review (electronically) all of the suggested services by reflecting on and then filtering out any thought not appropriate. An example of a service originally suggested as being appropriate, but was then thought not to be, was the Termination of Pregnancy service where it was thought that a GP / Nurse conversation had to take place first.

2.4 It is proposed that the following phase two services are made available for GP Practices to signpost to, which supplement those currently available as follows:-

Phase One Services

- Self Care with your Community Pharmacy
- Emergency Dental and Dental Practice signposting
- Minor Eye Conditions
- Talking Therapies
- Minor Injury Service (Rossendale Only)

Proposed Phase Two Services

- Age UK Advice Line Service
- Age UK Day Time Support
- Age UK Hospital Aftercare Service
- Age UK Lancashire Older Peoples Veterans Service
- Bereavement Services
- Citizens Advice Service
- Community Care Connectors
- Ear Syringing
- Lancashire Wellbeing Service
- Low Vision Aids Service
- Nutrition Support Service (Initially Rossendale only)
- Substance Misuse – CGL Inspire Service
- Up and Active Service

2.5 The extended range of services in Rossendale is due to:-

- Minor Injury Service - Although other localities have minor injuries services, staff at these other sites (ELHT managed) are sometimes required to work elsewhere. However the Rossendale MIU is not subject to such a requirement.
- Nutrition Support Service – This is a phased roll out across East Lancashire which has only recently started in Rossendale.

2.6 All of the phase two services once agreed will be added to both the EMIS template that practices are using to record Care Navigation activity and the locality Directory of Services which are now well established.

3. Conclusion

3.1 Care Navigation can play a vital role in the signposting of patients to the right service at the right time. So as to facilitate the wider adoption of Care Navigation and assist those practices where it is working well, East Lancashire CCG needs extend the list of available services.

- 3.2 There are a number of East Lancashire GP Practices who have successfully implemented Care Navigation and starting to benefit from a more streamlined process of ensuring that their patients are directed, at the earliest opportunity, to the most appropriate service, which in these cases does not require a GP consultation first.
- 3.3 Twelve further services (thirteen in Rossendale) can now be made available, making a total of sixteen services (eighteen in Rossendale) as specified at point 2.4 above.

4. Recommendations

- 4.1 Members of the Primary Care Committee are asked to consider:-
- a) Recognise the roll out of Care Navigation in East Lancashire.
 - b) Accept the phase two services that have been identified at point 2.4 above.

Andy Laverty
Locality Commissioning Manager - Rossendale